

**SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)****Agency Liaison – Level 3**

NAME (Last, First, MI)

CAPID

DATE ISSUED

**Prerequisites**

Item

Date Completed

Qualified Operations Section Chief

The above listed member has completed the required prerequisite training for the agency liaison - level 3 specialty.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE\_\_\_\_\_  
DATE**Familiarization and Preparatory Training**

Task

Evaluator's CAPID and  
Date Completed

Complete NIIMS G193 or equivalent

The above listed member has completed the required familiarization and preparatory training requirements for the agency liaison - level 3 specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE\_\_\_\_\_  
DATE**Advanced Training**

Task

Evaluator's CAPID and  
Date Completed

Complete Task C-4000 Demonstrate the ability to select an incident staff

Complete Task C-4001 Demonstrate ability to complete an ICS Form 201

Complete Task C-4002 Demonstrate ability to develop and approve  
an incident Action Plan (ICS Forms 202-206 with attachments)Complete Task C-4003 Demonstrate ability to closeout a mission  
including completion of ICS Form 115Complete Task C-4004 Demonstrate the ability to conduct a major  
incident briefingComplete Task C-4005 Demonstrate the ability to coordinate with  
other agenciesComplete Task C-4130 Demonstrate the ability to select and establish  
a suitable staging area

Complete Task P-0101 Demonstrate ability to keep a log

Complete Flight Release Officer training

Complete the appropriate portion of CAPT 117, Emergency Services  
Continuing Education examinations

The above listed member has completed the required familiarization and preparatory training requirements for the (insert specialty name) specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE\_\_\_\_\_  
DATE

**Exercise Participation**

The above listed member satisfactorily participated as an agency liaison - level 3 trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

The above listed member satisfactorily participated as an agency liaison - level 3 trainee under my direct supervision on mission number \_\_\_\_\_.

\_\_\_\_\_  
QUALIFIED SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

**Unit Certification and Recommendation**

The above listed member has completed the requirements for the agency liaison - level 3 specialty qualification and is authorized to serve in that specialty on training or actual missions.

\_\_\_\_\_  
UNIT/WING/REGION COMMANDER OR  
AUTHORIZED DESIGNEE'S SIGNATURE

\_\_\_\_\_  
DATE